## Congress of the United States Washington, DC 20515

December 12, 2018

Seema Verma, Administrator Centers for Medicare and Medicaid Services Department of Health and Human Services 200 Independence Avenue SW Washington, DC 20201

Dear Administrator Verma:

We write to you regarding the implementation of the Center for Medicare and Medicaid Services' (CMS) requirement that long-term care facilities implement an antibiotic stewardship program as a condition of participation in Medicare and Medicaid reimbursement programs.

As you know, antibiotic overuse can cause significant harm to patients, especially those in long-term care (LTC) settings. According to the Centers for Disease Control and Prevention (CDC), antibiotics are among the most commonly prescribed medications in nursing homes, with up to 70% of LTC residents being treated with antibiotics each year. Furthermore, the Pew Charitable Trusts' Antibiotic Resistance Project points to a range of studies that estimate 40% to 70% of these drugs are prescribed incorrectly. This is particularly problematic in nursing homes, where patients often have complex medical needs. Antibiotic overuse increases the risk of adverse events such as allergic reactions or infection with *Clostridium difficile* – a serious disease that can be deadly and is a growing threat in LTC settings. Given that LTC facility residents are frequently transferred to acute care facilities, those bugs can then spread into other healthcare settings.

Antibiotic stewardship programs have been shown to improve patient outcomes and reduce health care costs by minimizing inappropriate use of antibiotics and ensuring these critical drugs are only used when necessary. To support the implementation of antibiotic stewardship efforts in LTC facilities, the CDC developed the Core Elements of Antibiotic Stewardship for Nursing Homes in 2015 – a flexible implementation guide that outlined how these facilities can leverage limited resources to tailor stewardship activities and protect patient safety. And in October 2016 CMS released a final rule that required nursing homes to have an antibiotic stewardship program.

However, despite the clear benefits of antibiotic stewardship efforts, many LTC facilities still do not have these programs, often due to difficulty in designing stewardship efforts to meet unique staffing and resource needs. And although the CMS rule was finalized in 2016, enforcement of this rule was delayed for 18 months in November 2017 in order to educate surveyors and providers to ensure they understand the health and safety expectations that will be evaluated through the survey process.

We believe it is critical that CMS move forward with the implementation and enforcement of standards requiring antibiotic stewardship programs in the approximately 15,000 LTC facilities

that care for an estimated 1.7 million of our most vulnerable Americans. Therefore, we request an update on the implementation of CMS antibiotic stewardship rule in LTC facilities:

- 1. What percentage of LTC providers have been educated to date on the health and safety expectations of a stewardship program? When do you expect this education to be completed?
- 2. What percentage of surveyors have had training in evaluating compliance with the stewardship rule? When do you expect this training to be completed?
- 3. What plans does CMS have for ongoing continuing education for providers and surveyors regarding stewardship programs after the initial orientation trainings are completed?
- 4. What is the CMS timeline for ensuring compliance with this antibiotic stewardship rule?
- 5. What standards will be utilized in order to evaluate that compliance?
- 6. What incentives and/or financial penalties are being used to ensure compliance?

We appreciate your attention to this request, and look forward to hearing from you on the status of CMS' efforts to implement and enforce this rule.

Sincerely,

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Member of Congr	es	s

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